DE. _ARATION AND POWER OF ATTC NEY

Atty. Dkt. No.: 0315000510CPA

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe !-am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

which is claimed and for which a patent is sought on the invention chalcus.						
	COMPRESSOR	DIAGNOSTIC SY	STEM			
the specification o	of which (check one)					
. 🛛	is attached hereto. or was filed on	as Application	Serial No	ar	nd was	
	amended on	(if applicable).				
I hereby state that specification, inclu	t I have reviewed and uding the claims, as a	I understand the co mended by any am	entents of the endment refe	above id rred to ab	entified ove.	
in 37 CFR 1.56, which became av	e duty to disclose infor including for contin ailable between the final filing date of the co	uation-in-part appli ling date of the pric	ications, mate or application	erial info	rmation	
119(a)-(d) or 365 365(a) of any PC than the United foreign application	oreign priority benefit (b) of any foreign app T international applica States of America, list on for patent or integration of the	plication(s) for pate ation which designa sted below and ha ventor's certificate	ent or invento ited at least o ave also iden , or any P0	r's certifi ne count tified bel CT inter	cate, or ry other ow any national	
	PRIOR FORE	EIGN APPLICATION	N(S)	5	O	
				Priority		
(Number)	(Country)	(Day/Mon	th/Year filed)	Yes	No	
(Number)	(Country)	(Day/Mon	th/Year filed)	☐ Yes	□ No	
(Number)	(Country)	(Day/Mon	th/Year filed)	Yes	No	

DECLARATION AND POWER OF AT LORNEY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 ()) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

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